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Bib Data Sheet

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|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 10/719,993 | FILING OR 371(c) DATE 11/24/2003 RULE | CLASS 435 | GROUP ART UNIT 1634 | ATTORNEY DOCKET NO. CL001496 |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/428,268 11/22/2002 and claims benefit of 60/428,266 11/22/2002
 and claims benefit of 60/428,267 11/22/2002
 and claims benefit of 60/434,731 12/20/2002
 and claims benefit of 60/441,839 01/23/2003
 and claims benefit of 60/452,680 03/07/2003
 and claims benefit of 60/461,762 04/11/2003
 and claims benefit of 60/463,108 04/16/2003
 and claims benefit of 60/470,166 05/14/2003
 and claims benefit of 60/464,954 04/24/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/17/2004

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|---|---------------------------|------------------------|-----------------------|-----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 1 | TOTAL CLAIMS 35 | INDEPENDENT CLAIMS 12 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

ADDRESS

25748

TITLE

Genetic polymorphisms associated with Alzheimer's disease, methods of detection and uses thereof

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| FILING FEE RECEIVED 1944 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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